

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51			
2		1					52			
3							53			
4							54			
5							55			
6							56			
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36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44	1						94			
45	1						95			
46		1					96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.	3		
TOTAL DEP.							TOTAL DEP.	74		
TOTAL CLAIMS							TOTAL CLAIMS			